



AN ACT PROVIDING CHILDREN WITH MENTAL HEALTH NEEDS WITH IN-STATE SERVICE ALTERNATIVES TO OUT-OF-STATE PLACEMENT; ESTABLISHING DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES REPORTING REQUIREMENTS REGARDING HIGH-RISK CHILDREN WITH MULTIAGENCY SERVICE NEEDS; AND AMENDING SECTION 52-2-302, MCA.

WHEREAS, the 1993 Montana Legislature recognized that some Montana children have mental health and other needs that require services from multiple agencies; and

WHEREAS, the 1993 Legislature expressed a desire to provide services to these children in their homes or communities whenever possible and to use out-of-state providers as a last resort; and

WHEREAS, subsequent legislatures have strengthened the policy first established in 1993 by encouraging development of an array of in-state services so that children placed out of state may return home and children in the state can remain in their homes, community, or state; and

WHEREAS, the state of Montana has sought and obtained federal funds to help plan for local services that can keep children with multiagency service needs in their homes and communities; and

WHEREAS, information from the Department of Public Health and Human Services indicates that out-of-state placement of children continues and has increased in recent years.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Development and use of in-state pool of providers. In order to accomplish the goals of 52-2-301, the department shall establish a pool of qualified in-state providers identified as willing and able to meet the significant needs of high-risk children with multiagency service needs who are currently placed or may be placed out of state. The department shall design a process in which licensed providers qualify for the pool by demonstrating their ability to provide mental health services for children:

- (1) through use of available federal and state special revenue and state general fund money; and
- (2) in accordance with the state's goal of using a wraparound philosophy of care.

Section 2. Out-of-state placement monitoring and reporting. (1) The department shall establish quarterly reporting requirements regarding high-risk children with multiagency service needs to identify:

- (a) the number of children placed out of state;
- (b) the reasons each child was placed out of state;
- (c) the costs for each child placed out of state;
- (d) the efforts the department made to avoid out-of-state placements, including:
 - (i) the number of in-state providers the department contacted about developing service alternatives for a child in or at risk of being placed in an out-of-state facility;
 - (ii) whether any in-state providers submitted a plan for service alternatives for the child to the department; and
 - (iii) if a plan for service alternatives was submitted, the reasons the plan was not implemented and the out-of-state placement was determined to be necessary;
- (e) the number of children for whom plans for service alternatives were developed, implemented, and resulted in the return of a child from an out-of-state placement or prevented a child from being placed out of state; and
- (f) other planning efforts to prepare for a child's return to the state.

(2) Each quarterly report must analyze the efforts the department made to reduce out-of-state placements and establish goals and objectives for improvement in the following quarter.

(3) The department shall provide each quarterly report to the children, families, health, and human services interim committee.

Section 3. Section 52-2-302, MCA, is amended to read:

"52-2-302. Definitions. The following definitions apply to this part:

(1) (a) "High-risk child with multiagency service needs" means a child under 18 years of age who is seriously emotionally disturbed, who is placed or who imminently may be placed in an out-of-home setting, and who has a need for collaboration from more than one state agency in order to address the child's needs.

(b) The term does not include a child incarcerated in a state youth correctional facility.

(2) "Least restrictive and most appropriate setting" means a setting in which a high-risk child with multiagency service needs is served:

- (a) within the child's family or community; or
- (b) outside the child's family or community where the needed services are not available within the child's family or community and where the setting is determined to be the most appropriate alternative setting based on:
 - (i) the safety of the child and others;
 - (ii) ethnic and cultural norms;
 - (iii) preservation of the family;
 - (iv) services needed by the child and the family;
 - (v) the geographic proximity to the child's family and community if proximity is important to the child's treatment.

(3) "Provider" means an agency of state or local government, a person, or a program authorized to provide treatment or services to a high-risk child with multiagency service needs who is suffering from mental, behavioral, or emotional disorders.

(4) "Services" has the meaning as defined in 52-2-202.

(5) "System of care" means an integrated service support system that:

- (a) emphasizes the strengths of the child and the child's family;
- (b) is comprehensive and individualized; and
- (c) provides for:
 - (i) culturally competent and developmentally appropriate services in the least restrictive and most appropriate setting;
 - (ii) full involvement of families and providers as partners;
 - (iii) interagency collaboration; and
 - (iv) unified care and treatment planning at the individual child level.

(6) "Wraparound philosophy of care" means a planning process that is designed to address the needs of a child and the child's family and that:

- (a) empowers the family to take the lead in making decisions affecting the planning for support systems and services;
- (b) reflects the family's values, preferences, culture, strengths, and needs;

- (c) emphasizes community-based natural and informal support systems;
- (d) involves collaboration among members of a team that is developed with involvement of the family and that includes agencies, providers, and others who offer support to the child and family;
- (e) provides services in the least restrictive and most accessible setting possible; and
- (f) contains measurable outcomes that are regularly reviewed by the team and adjusted as necessary."

Section 4. Codification instruction. [Sections 1 and 2] are intended to be codified as an integral part of Title 52, chapter 2, part 3, and the provisions of Title 52, chapter 2, part 3, apply to [sections 1 and 2].

- END -

I hereby certify that the within bill,
SB 0399, originated in the Senate.

Secretary of the Senate

President of the Senate

Signed this _____ day
of _____, 2009.

Speaker of the House

Signed this _____ day
of _____, 2009.

SENATE BILL NO. 399
INTRODUCED BY J. LASLOVICH

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